Attorney's Docket. No.: 5282USA

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

the specification of which

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are list below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FOOD PRODUCT METHOD OF PREPARATION

() is attach	ed hereto.		
() was filed	on no b		_as
Applicat	tion Serial No		
and was	s amended on _		·
		eviewed and understand the conter claim(s), as amended by any amer	
		disclose information which is materi with Title 37, Code of Federal Regu	
foreign app below any	olication(s) for pa foreign applicati	rity benefits under Title 35, United S atent or inventor's certificate listed b ion for patent or inventor's certificate priority is claimed:	elow and have also identified
Prior Foreign Application(s)			Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	()Yes ()No
(Number)	(Country)	(Day/Month/Year Filed)	()Yes ()No
(Number)	(Country)	(Day/Month/Year Filed)	()Yes ()No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: patented, pending, or abandoned)			
(Application Serial No.)	(Filing Date)	(Status: patented, pending, or abandoned)			
	this application and	r, I hereby appoint the following attorney(s) d transact all business in the Patent and			
O'Toole, John A. (Reg. No. 2 Taylor, Douglas J. (Reg. No. Kamrath, Alan D. (Reg. No. 2	32,945) 28,227)				
Diederiks, Everett G., Jr. (Rec Czaja, Timothy A. (Reg. No.	_				
Send correspondence to:					
John A. O'Toole, Esq. P.O	. Box 1113, Minn	eapolis, Minnesota 55440, Phone: 763-764-2422			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Full name of sole or first inve	entor BORNHO	PRST, WILLIAM C			
Inventor's Signature					
Residence: 11714 Sunset T Citizenship: United States Post Office Address: Same		55441 Date			
Full name of second joint inv	entor, if any Cl	HEN, ROGER			
Second Inventor's Signature					
Residence: , Citizenship: PEOPLES REP Post Office Address: Same		Date .			
Full name of third joint invent	or, if any M.	ANUEL, BILL			
Third Inventor's Signature					
Residence: , Citizenship:		Date			

DECLARATION/POWER OF ALLORNEY - PATENT APPLICATIONS

Post Office Address: Same as residence

Full name of fourth joint inventor, if any ROBIE, STEVEN C	
Fourth Inventor's Signature	
Residence:2725 Garland Lane, Plymouth, MN 55447 Citizenship: United States Post Office Address: Same as residence	Date
Full name of fifth joint inventor, if any SCHER, NICLAS M.	
Fifth Inventor's Signature	
Residence: 5241 Lincoln Dr. #309, Edina, MN 55436 Citizenship: United States Post Office Address: Same as residence	Date
Full name of sixth joint inventor, if any STEIN, STEVEN A.	
Sixth Inventor's Signature	
Residence: Citizenship: United States Post Office Address: Same as residence	Date

DECLARATION/POWER OF ALTOKNEY - PATEINT AFFLICATIONS